

CHARD RURAL DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

for the year ended 31st December, 1964.



Medical Officer of Health

A.M. McCall

V.R.D., M.R.C.S., L.R.C.P., D.P.H.



Deputy Medical Officer of Health

D.V. Hague, M.B., B.Ch., D.P.H.

Public Health Inspectors

E. Whisker, M.A.P.H.I. (died 16.4.64)

C.V. Muggeridge, M.A.P.H.I.

H.G. Gaskell, M.A.P.H.I.

J.A. Daynes, M.A.P.H.I.

T.A.J. Fowler, M.A.P.H.I. (from 15.7.64)

Clerk to Medical Officer

Miss Y. Michael, M.A.

County Council's Health Visitor

Mrs. O.J.M. Pitt, S.R.N., S.C.M., H.V.

Committees concerned with matters of Public Health

(a)	Public Health	...	...	...	23 members
(b)	Housing	...	...	...	17 members
(c)	Works	...	...	...	17 members

Health Department,
16 Church Street,
Crewkerne,
Somerset.

TELEPHONE: Crewkerne 419.

CHARD RURAL DISTRICT

in the

COUNTY OF SOMERSET

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DECEMBER, 1964.

TO: The Chard Rural District Council:

Mr.Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report for 1964.

It was a healthy year in the Rural District. A small epidemic of measles occurred in the summer months, but it was a mild form and few complications ensued.

Despite the difficulties of travelling and staff changes, I am pleased to say we maintained one hundred per cent meat inspection. Each year there is an improvement in the sewerage of the District and more villages achieve a satisfactory drainage system.

I regret to record the premature death in April of Mr.Eric Whisker, for many years Public Health Inspector and Surveyor to the Rural District. His considerable knowledge of the District was a great help to me. His work for the Council, in particular regarding water supplies, is a tribute to his ability.

I am,

Mr.Chairman and Councillors,

Your obedient Servant,

A.M.McCALL

Medical Officer of Health

Health Department,
16, Church Street,
CREWKERNE,
Somerset.
October, 1965.

SECTION A.

Statistics and Social Conditions of the Area:

Population The Registrar General's estimated mid-year population for 1964 was 12,400, a slight decrease on last year's figure. This gives a population density of 0.2 per acre. The rateable value is £275,977 and the product of a penny rate is now £1,085.

Birth Rate The Corrected Birth Rate for 1964 was 18.19 per thousand live births which is slightly below the national figure of 18.4. There were five illegitimate births, giving a rate of 2.7% of total live births. In the country as a whole there is an increase in the number of illegitimate children born each year. Many reasons have been put forward to account for this trend. Undoubtedly there are many causes but one found constantly in all surveys is the lack of parental control and supervision. Surveys have also shown that conception frequently takes place in the family home. The avoidance of the situation where intercourse could take place is important. Here parents have an opportunity to take positive action. One hears of parents who leave two teenagers alone in the house in front of television for the evening or go out while the teenagers hold a party in the house. Such action is just asking for trouble. There is no need for parents to be present at the party but they can be in the house in another room. It may appear "square" to the children but if their friends are those who wish to indulge in behavior not possible when parents are in the vicinity then perhaps the children may realise their friends are not entirely satisfactory.

Death Rate The Corrected Death Rate for the year was 9.1, substantially lower than the national figure of 11.3. Details of deaths can be found in Appendix A, Table 3. These show that there were a total of 44 deaths due to heart disease, 23 of them being caused by coronary thrombosis. Vascular lesions of the nervous system were responsible for 23 deaths. Of the 28 deaths from cancer, three males died of cancer of the lung. There were three suicides.

Suicide is the last great act of defiance or despair. It is difficult to imagine the state of mind which leads a person to take their own life. There must be something wrong with our community care when three persons under 65 decide it is no longer possible for them to endure the burden any longer. Some of us must have failed in our Christian duty if nothing else.

Not all suicide is so dramatic. Certain people have so little regard for self preservation and health that it amounts to slow self murder. The heavy cigarette smoker comes into this category, particularly if he continues after a coronary thrombosis. Another is the grossly fat person, who, knowing the fact that obesity curtails life's span, persists in his excesses. One might also add to this list certain motor car drivers, but they often do not confine their efforts to themselves.

Maternal Mortality There were no maternal deaths in 1964.

Stillbirths There were two stillbirths which gives a rate of 10.6 per thousand live and stillbirths.

Infant Mortality There were two infant deaths recorded in 1964. One was due to a congenital abnormality and the other due to the failure of the lungs to expand after birth and the infant only survived a minute or two.

Social Conditions The general condition of residents in the Rural District remained similar to the previous year.

The railway between Ilminster and Taunton finally ceased to function during the year. Very soon afterwards British Railways removed the bridge spans over the road between the towns, no doubt forestalling any question of it being re-opened.

Statistics and Social Conditions of the Area:

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Death Rate The Corrected Death Rate for the year was 9.1, substantially lower than the national figure of 11.3. Details of deaths can be found in Appendix A, Table 5. These show that there were a total of 44 deaths due to heart disease, 23 of them being caused by coronary thrombosis. Vascular disease was the cause of 17 deaths, 10 of them being coronary thrombosis. The 28 deaths were three suicides.

Subsidiary It is difficult to imagine the state of mind which leads a person to take their own life. There must be something wrong with the person, but on these persons under 65 decide it is no longer possible to live and the burden any longer. Some of us must have failed in our Christian duty if nothing else. Not all suicide is so dramatic. Certain people have no little regard for self preservation and health that it amounts to slow self murder. The heavy cigarette smoker comes into this category, particularly if he continues after a coronary thrombosis. Another is the grossly fat person, who, knowing the fact that obesity curtails life's span, persists in his excesses. One might also add to this list certain motor car drivers, but they often do not confine their efforts to themselves.

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SECTION B.

General Provision of Health Services:

Care of Mothers and Young Children:

Antenatal Clinics These clinics are held once a month in Chard and Crewkerne and a doctor attends each session. The purpose of these clinics is to obtain blood samples from every pregnant woman prior to confinement. Specimens are sent to the laboratory at Musgrove Park Hospital for examination. Copies of the reports are sent to the private practitioner concerned and to the midwife. Certain general practitioners also hold antenatal sessions on their own premises and by arrangement with the health authority, midwives are present. The health visitors, together with the physiotherapists, continued to hold combined relaxation and mothercraft classes at both clinics. These are organised as a course lasting six weeks.

Midwifery Domiciliary midwifery is carried out by the district midwives in their own areas under the supervision of the general practitioner whose case they are looking after. Mothers requiring admission to a maternity unit on either medical or social grounds are sent to Yeovil if they are living at the Crewkerne end of the rural district and otherwise to Taunton.

Infant Welfare Clinics:

Merriott This clinic is held twice each month in the village hall with a doctor in attendance at all sessions. I reported last year a falling off in the attendance figures at this clinic but during 1964 there was a slight improvement.

Shepton Beauchamp This clinic is held once a month and Dr. Cartwright attends each session. I reported last year a drop in the attendance figures at this clinic and regret that in 1964 there was a further falling off.

Tatworth This clinic is held once a month in the village hall and Dr. Elliott attends each session. The attendance figures were on a par with the previous year.

Combe St. Nicholas The clinic is held once a month in the village and Dr. Reeves attended all sessions. I reported an increase in attendance in my last report and I am pleased to state that there is a further improvement during 1964.

Details of all these attendances can be found in Appendix B, Table 1.

Home Nursing The district nurses are responsible for the domiciliary nursing in the area. This is mainly concerned with the aged sick but, of course, their services are available for any acute illness at the request of the general practitioners.

Health Visiting Most of our district nurses hold a combined appointment as midwife/health visitor and they do the necessary health visiting in the course of their rounds.

The Tuberculosis health visitor, Mrs. Pitt, continued to follow-up all cases on the Tuberculosis Register and all cases seen by the Chest Physician in hospital. She accompanied me to the schools in Chard, Crewkerne and Ilminster for all B.C.G. vaccination sessions and did more of the follow-up work afterwards. On 31st December she retired after a long and distinguished career in the County service which covered the difficult war years. I am most grateful for the help she gave me during my time in the area.

Immunisation Immunisations are carried out at the Chard and Crewkerne clinics and by the private practitioners in their surgeries. A standard procedure of protection is now used throughout the County and commences with a course of injection with triple vaccine against diphtheria, whooping cough and tetanus. This is followed by immunisation against acute poliomyelitis with oral vaccine followed by smallpox vaccination. At eighteen months a booster dose of triple vaccine is offered. At the time of entry to infant school the children receive a further booster of diphtheria and tetanus vaccine and a fourth poliomyelitis immunisation. Details of the immunisations given are shown in Appendix B, Table 2.

Vaccinations Vaccinations against smallpox continued as a routine. The majority are primary vaccinations for infants and are carried out within the first two years of life but there are an increasing number for people travelling abroad. Details are shown in Appendix B, Table 2.

Home Help Service The County Council provide a home help service in the area and the arrangements were unchanged.

School Medical Service I carried out medical inspections at all the County schools in the area during 1964. Details of these inspections can be found in Appendix B, Table 3.

The parents of children who are for medical inspection receive an important questionnaire form in which they are able to fill in details of any illnesses their child might have had and, in addition, are able to inform the school doctor of any problems that are worrying them. When the child is examined these completed questionnaires are presented to the school doctor who already has the infant welfare record card in the case of entrants to school life, and the school medical card in the case of older children. These two are studied in conjunction with the examination. A further innovation was started in 1964. It was decided that the medical examination of children leaving school was not always necessary. Many of them had already been seen at least twice during school life and were probably quite fit, so a system of selective medical examination was introduced. The parents of children leaving school received a questionnaire in which they entered details of any illness their child may have had since they entered secondary school and also have an opportunity to state if they have any problems. They are also asked whether they wish their child to be medically examined before leaving. These completed forms are studied in conjunction with the school medical record and any observations the Head Teacher may have. If it is considered that a medical examination is not indicated, the school medical card is stamped accordingly and they are exempt. However, if the parents do not think a medical necessary but something in the medical record indicates that a further examination would be useful, then the child is medically examined. The result on the first year has been that the time spent on medical examinations in the secondary modern schools has been cut down and no difficulties have so far been experienced.

School Dental Service Mr. Watson, who had done a considerable amount of work in the rural schools in the Crewkerne area during 1963 and early 1964, resigned his appointment in July but Mrs. Walker continued to work part-time from Chard in that end of the Rural District. Appendix B, Table 3 shows that all the schools have been visited during the last two years with the exception of Chillington where the last inspection took place in May, 1962.

Speech Therapy Miss Ledamun continued to hold fortnightly speech therapy clinics at Crewkerne and also attended at the Chard Clinic once weekly. There was a small waiting list at both clinics.

Orthopaedic Service Miss Read, the orthopaedic sister, held one clinic a month at both Chard and Crewkerne during the year. She sees children undergoing orthopaedic treatment at frequent intervals and refers them, when necessary, to the orthopaedic surgeon. This obviates the need for frequent visits to hospital with the attendant transport difficulties.

Ophthalmic Service The arrangement whereby the health visitors do an eye test on all children worked satisfactorily during the year and the number of children referred to the County Oculist increased. This has led to a rather long waiting list and in urgent cases I have been referring suitable children to ophthalmic opticians who sent a report to me after they have examined the children.

Epileptics Modern drug treatment has meant that many children who would have previously been incapacitated by their illness are now able to carry on normal lives attending ordinary schools. They are seen at hospital outpatients at regular intervals and reports on their medical progress are sent to me as well as to their private doctor. Any difficulties arising at school are rapidly sorted out. There have been no difficult episodes during 1964.

Spastics Children with minor degrees of spasticity are, if it is possible encouraged to attend the ordinary school. The more serious cases are placed in special schools by arrangement with the County Council. This system works well.

Blind Persons Somerset County Association for the Blind keep a register of blind and partially sighted persons in the County. There were thirty-two blind and two partially sighted persons resident in the rural district.

Ambulance Service The County Council are responsible for the ambulance service which covers the rural district. Divisional Headquarters are at Yeovil and Taunton from whence all vehicles are controlled.

Mental Health The Mental Health Sub-Committee of the County Council continued with their responsible work and encouraged the furtherance of the policy of treating mental disorders as far as possible in the home. This requires careful selection but is proving to be of considerable value quite apart from lightening the load on hospital beds. Children and young adults in need of training are catered for at Lopen Training Centre. They are conveyed there daily. The Centre holds nineteen split into groups and the work they do there is very encouraging.

National Assistance Act I am pleased to be able to report that no statutory action was necessary with regard to any old person during the year. On the occasions when our assistance was requested by general practitioners we were able to give effective help.

Care of the Aged The Council continued to pursue their policy of providing improved special housing for old people and by the end of the year there were a total of 110 such units in occupation and a further fifteen were in the course of erection.

Disabled Persons The Good Fellowship Clubs in Crewkerne, Chard and Ilminster continued their excellent work and carried out active programmes. These included attendance at the County Rally at Wells. The active work of Miss Blackmore and her helpers ensures the success of these ventures.

Health Education The Council subscribes to the Central Council for Health Education and makes use of their very effective posters and literature. Every opportunity is taken to educate the public in the principles of good health and accident prevention.

SECTION C.

Prevention and Control over Infectious Diseases and Other Diseases

There was a mild outbreak of measles, a few cases occurring each month during the summer. Details of all notifications are shown in Appendix C, Table 1.

Immunisation of children against diphtheria, whooping cough and tetanus was carried on throughout the year by the general practitioners and the clinic medical officers. Trivax was the vaccine used. Oral poliomyelitis vaccine was also used throughout. Smallpox vaccine continued as a routine.

I completed the B.C.G. vaccination for the year in February and March. All children born during 1950 were offered this vaccination against tuberculosis.

The mass miniature radiography unit visited the towns of Crewkerne, Chard and Ilminster in 1964 and a number of our residents went into these towns for X-Ray but the exact numbers are not available.

SECTION D.

Environmental Health Services.

A. Sanitary Circumstances:

Climatic Conditions: 1964 was a dry year and the reduced rainfall caused a certain amount of anxiety to the Wessex Water Board. The summer was a good one with plenty of sunshine for a change. The total annual rainfall varied in different parts of the district between 18 - 24 inches. When it is realised that the average for the last ten years was about 40 inches it can be seen that the Water Board had good reason for their concern.

Water Supply: As I reported last year, the Wessex Water Board are now responsible for the water supplies to the Rural District and this was their first year in control. They have plans in hand to improve the supplies to a number of villages where there have been shortages and where the supply itself has not always been satisfactory. They sample regularly each month and copies of the bacteriological reports are sent to me for information. Of these, eighteen were not satisfactory. There were particular difficulties at Hewish and Chaffcombe and at the end of the year work was in hand to improve supplies in these two villages. In addition the Council also took a number of water samples, particularly from private supplies. A number of these were found to be unsatisfactory and appropriate advice was given to the owners in every case.

Drainage and Sewage Disposal: The number of parishes with efficient sewage disposal systems is increasing year by year and now the following villages have modern drainage:- Broadway, Horton, Chaffcombe (part), Donyatt, Hinton St. George, Ilton (part), Lopen, Seavington St. Mary and Seavington St. Michael. During the year an extension of the sewer along Chard Junction road and Chard Parish was completed at a cost of £2,500. Work was in hand to reconstruct the Tatworth sewage disposal works at a cost of £38,000. Future proposals include the sewerage of Dowlish Wake, Forton, Combe St. Nicholas, Merriott, Winsham and Misterton. The approximate cost of this work will be £170,000.

The Council have arranged for the emptying of cess pools by contract. A charge of 23/6d. per load is made for this, the Council subsidising the cost to the extent of 3/6d. per load.

Refuse Collection and Disposal: A fortnightly collection in villages and a four-weekly collection in remote areas with our own labour was continued in the Rural District throughout the year. It is hoped eventually to improve on the times of collection. However, it must be agreed that it is easier in a rural district to dispose of a large proportion of domestic refuse. Much of this consists of paper and vegetable material which can be utilised or burnt without giving offence, which leaves a residue largely of bottles and cans which do not attract flies to the same extent. Trade refuse is collected at a cost of 55/-d. per load.

Caravan Sites, Control and Development Act: There are a varying number of caravaners resident in the Rural District each year and 43 licences have been granted for single caravans and seven permanent site licences are in operation, one of these being seasonal. It is estimated that about 150 persons are resident in caravans during the year. Difficulties were experienced with two of the sites, one being seasonal, and at the time of inspection considered to be quite unsatisfactory. The owner promised to close down the site. Unless the owner can obtain a renewal of planning permission and is prepared to bring the site up to a satisfactory standard it will not be re-opened. A second site adjoining the main road to London has been a problem for some years. The site is not of a satisfactory standard and at the end of the year efforts were being made to persuade the owner either to surrender the licence or bring the site up to a standard which met with the Council's approval.

Public Conveniences: The Rural District have not erected any public conveniences but are concerned with the unsatisfactory state of lay-bys on the main roads. The main problem here is the cost of construction and, even more difficult, the maintenance. It may well be that some of the difficulties which arise at lay-bys are due to the ignorance or the thoughtlessness of passing motorists who do not realise their actions can be a hazard to health. I suggested that when motorists renew their car licences they should be given a hand-out by the licensing authority which would explain the dangers of leaving broken bottles and tins or fouling the fields adjoining a lay-by and the possible danger to cattle. This was sent to the Ministry who were going to consider the suggestion together with many others that had been received. I made a further suggestion that Ministry grants be made available to garages who are prepared to provide and maintain toilet facilities for travellers, which was not well received. The Rural District Councils' Association are pressing for financial aid if they are to erect public conveniences at strategic points and this may well be forthcoming in due course.

Already the Rural Council is involved in removing refuse from containers provided by the County Council. This has to be done frequently in the summer months and is quite a costly item.

Rodent Control: One whole-time rodent operator is employed. He carries out routine test baiting and treatment of Council establishments and he also does contract work for private residents. A number of fairly severe infestations occurred during the year and Statutory Notices had to be served to obtain compliance with our requirements in three cases.

Nuisances: The Public Health Department dealt with a considerable number of nuisances during the year. Frequently these arose from overflows from septic tanks discharging into highway drains. Statutory action was necessary in some cases.

B. Factories Act.

Details of the inspections carried out by the Public Health Inspectors are shown in Appendix B, Table 2.

Offices, Shops and Railway Premises Act, 1963:

This Act came into operation on 1st August, 1964 and inspections started during the autumn and were continuing at the end of the year.

C. Housing.

The Council erected twenty-three houses during the year but a further sixty-one were completed by private enterprise. At the end of the year the Council had sixteen in the course of erection and private developers were engaged in the completion of a further eighty-three. Since the war the Council have erected 552 houses and private developers 455. If the present trend continues it will not be long before private enterprise outstrips the Council. At the end of the year there were 166 applicants for re-housing, 55 of these being requests for old people's dwellings. Full details of the housing situation are shown in Appendix D, Table 3.

D. Inspection and Supervision of Food.

Milk: There are two registered distributors and two registered dairy premises in the district. Routine sampling is carried out by the County health staff. Apart from testing milk for keeping quality it is also examined for the presence of brucella abortus. This is the causative organism of undulant or relapsing fever, a prolonged and debilitating illness. Obviously those most exposed to infection are farmworkers and veterinary surgeons who may handle infected cows at the time of the birth of a calf. The cow excretes the organism in the milk and unless the milk is heat treated those who drink it are at risk.

There is a readily available vaccine which farmers can obtain for their cows. This has the effect of preventing the cows aborting but it does not prevent the organism occurring in the milk. During routine sampling of raw milk a brucella examination is carried out. If this is positive I have a duty to see that all milk for human consumption is heat treated before retail.

However, this sometimes is an embarrassment to the farmer so he promptly sells the cow in the open market and it turns up again in another area where it infects the bulk milk supply of another farm. There is no legal power to stop this. Until the Government embark on an eradication policy such as was done in the case of tuberculosis, the situation will not improve.

Ice Cream: There are no manufacturers of ice cream in the Rural District but fifty-five premises are registered for the sale of the pre-packed product. Samples were submitted for bacteriological examination. All samples were satisfactory, the majority being Grade 1 and a few Grade 2.

Meat: There were six private licensed slaughterhouses operating in the area during the year. The owners of these were all contacted and improvements to enable them to comply with the regulations were requested. All complied, with one exception and difficulties with this slaughterhouse were being dealt with at the end of the year. Due to the fact that the slaughterhouses are spread over the district at considerable distances and the Regulations require meat to be inspected within six hours of slaughter, to achieve 100% meat inspection is a very creditable performance. This was done in 1964. Full details of the inspections are shown in Appendix D, Table 4.

Poultry Packing Establishments: There are two poultry packing concerns in the district with an approximate kill of 1,500 per week. Routine inspections of the premises were carried out during the year but there is no ante or post mortem inspection of poultry. Presumably the criteria is whether or not the carcass is saleable.

Food Premises: Apart from the registered ice cream premises there are three other premises registered where meat products are prepared. These were inspected from time to time.

E. Clean Air Act, 1956.

Approval was given under Section 3 of the Act for the installation of a 650,000 B.T.U. furnace. It has caused no trouble.

F. Animal Boarding Establishments Act, 1963.

This Act came into force on 1st January, 1964. Inspections were made by the public health staff and three premises have been licensed.

APPENDIX A. TABLE 1.

Registrar General's estimate of population mid 1964	...	...	12,400
No. of inhabited houses at the end of 1964 according to the Rate Book	...	...	4,362
Rateable Value	...	...	£275,977
Sum represented by a penny rate	...	...	£1,085. 19. 9d.
Area	...	...	54,600 acres.

APPENDIX A. TABLE 2.

BIRTH RATE 18.19

Comparability Factor 1.22

		M.	F.
Live Births:	Total	94	91
	Legitimate	90	90
	Illegitimate	4	1
Stillbirths:	Total	1	1
	Legitimate	1	1
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	1	1
	Legitimate	1	1
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	1	1
	Legitimate	1	1
	Illegitimate	-	-
Deaths of Infants under 1 week	Total	1	1
	Legitimate	1	1
	Illegitimate	-	-

APPENDIX A. TABLE 3.

DEATHRATE 9.1.

Comparability Factor 0.85

	Sex.	Total All ages.	Under 4 wks.	Under 1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75+
Infective & Parasitic Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Cancer of the Stomach	M	4	-	-	-	-	-	-	-	-	1	3	-
	F	2	-	-	-	-	-	-	-	-	1	1	-
Cancer of the Lung	M	3	-	-	-	-	-	-	-	-	1	2	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Cancer of the Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	-	2
Cancer of the Uterus	F	3	-	-	-	-	-	-	1	1	-	-	1
Cancer of other sites	M	10	-	-	-	-	-	-	-	1	-	3	6
	F	4	-	-	-	-	-	-	1	-	2	-	1
Vascular Lesions of Nervous system	M	8	-	-	-	-	-	-	-	-	2	2	4
	F	15	-	-	-	-	-	-	-	-	-	1	14
Coronary Disease, Angina	M	13	-	-	-	-	-	-	-	1	7	2	3
	F	8	-	-	-	-	-	-	-	1	5	2	2
Hypertension with Heart Disease	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	3	-	-	-	-	-	-	-	-	-	1	2
Other Heart Disease	M	10	-	-	-	-	-	-	-	-	-	3	7
	F	7	-	-	-	-	-	-	-	-	-	2	5
Other Circulatory Disease	M	3	-	-	-	-	-	-	-	-	-	2	1
	F	2	-	-	-	-	-	-	-	1	1	-	-
Pneumonia	M	5	-	-	-	-	-	-	-	-	-	1	4
Bronchitis	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	-	-	1	1
Other Diseases of Respiratory system	M	4	-	-	-	-	1	1	-	-	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Gastritis, Enteritis & Diarrhoea	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Congenital Malformations	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-	-
Other defined & ill-defined Diseases	M	5	1	-	-	-	1	-	-	-	-	-	3
	F	7	-	-	-	-	-	-	-	-	-	1	6
Motor vehicle accidents	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	1	-	-	-	-	-
All other accidents	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	1	1
Suicide	M	2	-	-	-	-	-	1	-	1	-	-	-
	F	1	-	-	-	-	-	-	1	-	-	-	-
TOTAL - ALL CAUSES	M	71	1	-	-	-	2	1	1	2	14	20	30
	F	62	1	-	-	-	-	3	2	5	15	36	

APPENDIX B. TABLE 1.

Combe St. Nicholas Child Welfare Clinic.

Statistics for the twelve months ended 31st December, 1964.

No. of children who attended for the first time (under 1 year)	...	...	10
No. of children who attended during the year	...	...	47
Total attendances of children during the year	...	...	254
Average attendance of children per session	...	...	21
Total number of consultations by Medical Officer	...	...	13
No. of sessions with Medical Officer	...	...	12
Total number of sessions	...	...	12

Merriott Child Welfare Clinic.

Statistics for the twelve months ended 31st December, 1964.

No. of children who attended for the first time (under 1 year)	...	...	26
No. of children who attended during the year	...	...	95
Total attendances of children during the year	...	...	380
Average attendance of children per session	...	...	31
Total number of consultations by Medical Officer	...	...	136
No. of sessions with Medical Officer	...	...	24
Total number of sessions	...	...	24

Shepton Beauchamp Child Welfare Clinic.

Statistics for the twelve months ended 31st December, 1964.

No. of children who attended for the first time (under 1 year)	...	...	19
No. of children who attended during the year	...	...	73
Total attendances of children during the year	...	...	380
Average attendance of children per session	...	...	31
Total number of consultations by Medical Officer	...	...	111
No. of sessions with Medical Officer	...	...	12
Total number of sessions	...	...	12

Tatworth Child Welfare Clinic.

Statistics for the twelve months ended 31st December, 1964.

No. of children who attended for the first time (under 1 year)	...	...	26
No. of children who attended during the year	...	...	57
Total attendances of children during the year	...	...	292
Average attendance of children per session	...	...	26
Total number of consultations by Medical Officer	...	...	48
No. of sessions with Medical Officer	...	...	11
Total number of sessions	...	...	11

APPENDIX B. TABLE 2.

DIPHTHERIA IMMUNISATION.

No. of children who completed a full course of primary immunisation in the year ended 31st December, 1964.

Children born in the years:	1964	1963	1962	1961	1960	1955 - 59	1950 - 54	Total
	54	76	12	-	-	1	-	143

No. of children who received a reinforcing injection in the year ended 31st December, 1964.

Children born in the years:	1964	1963	1962	1961	1960	1955 - 59	1950 - 54	Total
	-	8	13	9	1	122	6	164

WHOOPING COUGH IMMUNISATION.

No. of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the year ended 31st December, 1964.

Children born in the years:	1964	1963	1962	1961	1960	1955 - 59	1950 - 54	Total
	53	75	12	-	-	1	-	141

TETANUS IMMUNISATION.

No. of children who completed a full course of primary immunisation in the year ended 31st December, 1964.

Children born in the years:	1964	1963	1962	1961	1960	1955 - 59	1950 - 54	Total
	54	76	12	-	-	1	-	143

No. of children who received a reinforcing injection in the year ended 31st December, 1964.

Children born in the years:	1964	1963	1962	1961	1960	1955 - 59	1950 - 54	Total
	-	8	18	9	1	122	7	165

POLIOMYELITIS VACCINATION.

No. of persons who received a course of primary vaccination (two injections of Salk vaccine, three injections of quadruple vaccine or three doses of Oral vaccine during the year 1964.

Children born 1964	Children born 1963	Children born 1962	Children born 1943-61	Young persons born 1933-42.	Persons under 40 yrs. of age & Priority Groups.
18	95	27	22	4	2

Reinforcements 1964.

No. of persons (all groups) who received a third Salk injection or fourth injection of quadruple vaccine.	No. of children of 5 yrs. but under 12 yrs. who received a fourth Salk in- -jection or fifth injection of quad- -ruple vaccine.	No. of persons (all groups) who received a reinforcing dose of Oral vaccine following two Salk injections.	No. of children of 5 yrs. but under 12 yrs. who received a dose of Oral vaccine after three Salk injections or 3 Oral doses or 2 Salk injections plus 2 Oral doses.
-	-	1	80

SMALLPOX VACCINATION.

Age Groups	0 - 3 months	4 - 6 months	7 - 9 months	10 - 12 months.	1 year.	2 - 4 years	5 - 14 years	15 or over
	P	P	P	P	P R	P R	P R	P R
	1	4	6	7	38 -	7 1	1 -	1 6

P = Primary Vaccination

R = Re-vaccination.

APPENDIX B. TABLE 3.

Name of School.	No. on Roll.	No. in- spected.	Date of Medical Inspection.	Children having Milk.	Children having Dinner.	Diphtheria Immuni- sation.	Date of last Dental Inspection.
Ashill	23	13	9/9/64	100%	82.6%	1	27/2/64
Broadway	50	22	14/10/64	98%	90%	10	15/4/64
Buckland St. Mary	31	21	29/9/64	100%	93.55%	4	27/2/64
Chillington	26	15	8/10/64	100%	100%	2	21/5/62
Clapton	32	8	22/10/64	100%	96.86%	1	24/4/64
Combe St. Nicholas	48	25	15/10/64	91.66%	50.62%	-	1/6/64
Donyatt	19	7	30/9/64	97.73%	89.47%	2	17/4/64
Hinton St. George	45	27	26/11/64	97.77%	53.33%	6	14/3/64
Horton	47	21	25/11/64	89.36%	82.98%	4	13/4/64
Ilton	62	27	27/11/64	93.55%	80.65%	7	Feb. '64
Merriott	88	42	30/1/64	72.22%	30%	20	Jan. '64
Misterton	42	18	16/1/64	100%	35.71%	1	11/7/63
Seavington	28	14	20/10/64	100%	82.07%	6	19/11/63
Shepton Beauchamp	19	12	1/12/64	89.47%	52.63%	1	2/12/64
Tatworth	93	45	16/12/63	89.24%	25.80%	2	8/6/64
Whitestaunton	24	14	4/12/64	100%	87.5%	8	June '64
Winsham	40	20	30/10/64	100%	72.5%	7	July '64

APPENDIX C. TABLE 1.

Sonne Dysentery	..	..	2
Whooping Cough	..	..	10
Measles	..	..	40
Pneumonia	..	..	2
Food Poisoning	..	..	1
Puerperal Pyrexia	..	..	1
Scarlet Fever	..	..	1

Analysis of Cases Notified.

	Under												Age
	1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+	Unknown.
Sonne Dysentery			2										
Whooping Cough	1				1	6	2						
Measles	1	2	1	3	6	21	4	1					
Pneumonia									1	1			
Food Poisoning											1		
Puerperal Pyrexia									1				
Scarlet Fever						1							

Tuberculosis.

<u>Age Group.</u>	<u>New Cases.</u>				<u>Deaths.</u>			
	<u>Respiratory.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>		<u>Non-Respiratory.</u>	
	M.	F.	M.	F.	M.	F.	M.	F.
- 1								
1 - 5				1				
5 - 15								
15 - 25								
25 - 35								
35 - 45	1							
45 - 55								
55 - 65								
65+	1							
Total:	2	-	-	1	-	-	-	-

APPENDIX D. TABLE 1.

Water Supplies.

Piped Supplies - Results of samples taken for analysis:

<u>Raw Water.</u>				<u>Treated after going into supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
Satis- factory.	Unsatis- factory.	Satis- factory.	Unsatis- factory.	Satis- factory.	Unsatis- factory.	Satis- factory.	Unsatis- factory.
10	2	-	-	66	16	-	-
No. of Dwellings (1) on mains supply - No record.				(2) Not on mains supply - No record.			
No. of Parishes with piped water supply from				(a) public mains	-	23	
				(b) private sources	-	2	
No. of Parishes without a piped supply and which cannot be supplied at a reasonable cost				-	-	5	
No. of Houses relying on				(i) well supplies	-	No Record.	
				(ii) spring supplies	-	No Record.	

APPENDIX D. TABLE 2.

Factories Acts, 1937-1959.

	<u>No. on Register.</u>	<u>No. of Ins- pections.</u>	<u>No. of Written Notices.</u>	<u>No. of Occupiers Prosecuted.</u>
(i) Factories in which Section 1,2,3,4 and 6 enforced by Local Authority	3	6	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	115	923*	-	-
(iii) Other premises where Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
Total	118	929*	-	-

* including slaughterhouses.

Cases in which defects were found	..	..	..	2
Cases in which defects found were remedied		2

OUTWORKERS.

No. of Outworkers in August list required by Section 110	..	145
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APPENDIX D. TABLE 3.

Housing.

Action Taken During Year.

1. No. of Houses included in Clearance Areas for which orders are still to be made	Nil.
2. No. of Houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	Nil
3. No. of Houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	Nil
4. No. of Houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (individual unfits)	14
(b) for other purposes (road improvements etc.)	1
5. No. of temporary dwellings (huts, etc.) demolished	Nil
6. No. of Houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	4
7. No. of Houses made fit during year	12
8. No. of unfit Houses occupied ^{under} licence	2
9. Houses in multiple occupation (Housing Act, 1961) Action taken	Nil
10. Reconditioning of Condemned Houses - Exclusion from Clearance/ Demolition Orders (Housing Act, 1961)	None
11. Substitution of Closing Order for Demolition Order (Housing Act, 1961) Action taken	None
12. Housing Act, 1964. Any action taken during year	None
13. <u>Rent Act, 1957 (1st Schedule)</u>	
Certificates of Disrepair (a) No. of Applications received	None
(b) Certificates issued	None

	Houses Erected During Houses Erected During Year.		Houses in course Houses in course of Erection.		Gained from Conversion of Large Houses or Buildings into <u>Flats or Dwellings.</u>	Lost from Conversion of Two or more Houses to One.
	For Slum Clearance	For other purposes	For Slum Clearance	For other purposes		
Local Authority	Nil	23	Nil	16	Nil	Nil
Private Enterprise	Nil	61	Nil	83	4	2
No. of Post War Houses erected from 1/4/45 to 31/12/64.						Housing Programme
	By Local Authority		By Private Enterprise			
	552		455			9
(a) No. of temporary housing units occupied			(i) prefabs		30	Nil
(b) No. of houses found overcrowded						Nil

Houses Required

(i) To replace houses scheduled for demolition	..	..	5
(ii) To abate overcrowding	..	..	-
(iii) For other purposes	..	..	-
(iv) Applications for Council houses at end of year			
(a) Urgent bona fide cases and others	..	..	111
(b) Applications for Old People's Dwellings	..	..	55
Total Applications:			166
(v) Total No. of Council Houses sold during the year	..	..	1

	No. of permanent Dwellings in District as at 31/12/63.	Gained from Conversions and erected during 1964.	Total (a) + (b)	Less Houses Demolished, Closed, etc. during year.	No. of permanent Dwellings in District as at 31/12/64.	
	(a)	(b)			L.A.	P.E.
L.A.	783	23	806	1 sold	805	
P.E.	3,521	66	3,587	6		3,581
Total	4,304	89	4,393	7	805	3,581

OLD PEOPLE'S DWELLINGS.

<u>No. erected to 31/12/1964.</u>		<u>No. in course of erection.</u>	
With County Council Aid.	Without County Council Aid.	With County Council Aid.	Without County Council Aid.
75	35	15	Nil

IMPROVEMENT GRANTS.

A. Discretionary:

No. of applications and houses dealt with by Local Authority during year:

(1) Received.		(2) Approved.	
<u>Applications.</u>	<u>No. of Dwellings.</u>	<u>Applications.</u>	<u>No. of Dwellings.</u>
19	23	19	23

<u>NOTE:</u> No. of applications approved in respect of owner /occupiers during year	..	11
Average cost per dwelling approved during year	..	£1,276
Amount of grant payable by Local Authority	..	£7,868

B. Standard:

1. No. of Applications	(a) Received	..	19
	(b) Approved	..	19
2. No of Houses where Standard Amenities have been provided		..	17

<u>NOTE:</u> No. of applications approved in respect of owner/occupiers during year	..	15
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APPENDIX D. TABLE 4.

Meat Inspection.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
No. killed (if known)	1,351	252	1,730	6,296	2,572	-
Number Inspected	1,351	252	1,730	6,296	2,572	-
<u>All diseases except Tuberculosis and Cysticerci:</u>						
Whole carcasses condemned	30	4	44	34	23	-
Carcasses of which some part or organ was condemned	186	104	44	632	334	-
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci	17	42.8	5.1	10.6	13.9	-
<u>Tuberculosis only:</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	1	-	-	58	-
Percentage of the number inspected affected with tuberculosis	-	0.396	-	-	2.3	-
<u>Cysticercosis:</u>						
Carcasses of which some part or organ was condemned	1	-	-	-	-	-
Carcasses submitted to treatment ment by refrigeration	1	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
<u>Weight of meat condemned (in lbs.) for :-</u>						
Tuberculosis	-	120	-	-	674	-
Cysticercosis Cysticercosis	120	-	-	-	-	-
Other	6,659	19,635	3,109	3,626	5,200	-
Total (in lbs.) condemned	6,779	19,755	3,109	3,626	5,874	-

APPENDIX D. TABLE 5.

Offices, Shops and Railway Premises Act, 1963.

(a) No. of premises registered under Act	...	27
Brief notes of action taken in implementing Regulations	...	Routine inspection of premises covered by the Act were commenced during the year and then progressed satisfactorily.
(b) Additional staff employed	...	Nil.

